SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000120 (4)**

1. Corporation Name
MEDPLUS HEALTHCARE INFORMATION TECHNOLOGY, INC.

Principal Place of Business
8800 GOVERNOR'S HILL DR.
SUITE 112
CINCINNATI OH 45249

Mailing Address
8800 GOVERNOR'S HILL DR.
SUITE 112
CINCINNATI OH 45249

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 8805 GOVERNOR'S HILL DR
Suite, Apt #, etc 22
City & State 23 CINCINNATI, OHIO
Zip 24 45249 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

4. FEI Number: **48-1094982** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAHONEY, RICHARD	
STREET ADDRESS	8800 GOVERNOR'S HILL DR.	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE	V	☐ DELETE
NAME	MAYO, ANDREW	
STREET ADDRESS	8800 GOVERNOR'S HILL DR.	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE	SD	☐ DELETE
NAME	KENNY, ROBERT	
STREET ADDRESS	29100 AURORA RD., #320	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	AS	☒ DELETE
NAME	BARTON, TOM	
STREET ADDRESS	4311 BERRYHILL LN.	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	D	☐ DELETE
NAME	STEIN, PAUL	
STREET ADDRESS	4041 HARDING DR.	
CITY-ST-ZIP	WEST LAKE OH 44145	
TITLE	D	☐ DELETE
NAME	HILNBRAND, JAY	
STREET ADDRESS	617 SONORA CT.	
CITY-ST-ZIP	CINCINNATI OH 45215	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V.P. OF FINANCE	☒ Change ☐ Addition
4.2 NAME	DANIEL A. SILBER	
4.3 STREET ADDRESS	924 PALOMINO DRIVE	
4.4 CITY-ST-ZIP	VILLA HILLS, KY 41017	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. Finance 6/11/96 513-583-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)